Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Mr. Christophes		
Date Received: 2/6/13	Applicant Number:	097
Recommended Applicant Pool Status: Final Applicant Pool S		ool Status:
☐ Included ☐ Removed	☐Included	Removed
REQUIREMENTS:		
1. Was the application received before the submission deadline?		□ves □no
If NO, list time/date application was received:		_ /
2. Is the application complete?		□Yes □No
If NO, list the item(s) that need to be comp		
3. Indicate how the applicant responded to the	following questions:	
A. Student enrolled in a college/university in the City of Austin?		□Yes □No
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:		#/ 5
i. Reside in the City of Austin?		La Yes La No
ii. Registered to vote in the City of Austin?		☐Yes ☐No
iii. Continuously registered to vote in the City of Austin?		∐Yes □No
iv. Voted in 3 of the last 5 City of Aus	stin general elections?	□Yes □No
❖ Follow-up needed related to REQUIREMENTS	?	□ves □vo
If YES, identify issue(s) addressed and dispo		

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions? If YES, indicate which question(s):	□Yes □No
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	□Yes □No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By:	Date: 2/13/13
	ew Date: <u>2 2 2 51 3 </u>